SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Rosario Complete items 1, 2, and 3, Also complete ☐ Agent item 4 if Restricted Delivery is desired. X Print your name and address on the reverse ☐ Addresse so that we can return the card to you. B. Received by (Printed Name) C. Date of Deliver Attach this card to the back of the mailpiece, or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: □ No If YES, enter delivery address below: DORIS MARTIN WESTERN SURETY CO 333 S WABASH AVE 3. Service Type CHICAGO IL 60604 ☐ Certified Mail® □ Priority Mail Express[™] ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ Collect on Delivery 23/2015 50350044 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 2870 0001 4231 9210 7014 (Transfer from service label) PS Form 3811 July 2013 Domestic Return Receipt

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